

# MARLBORO RECREATION SOCCER

## FALL 2008 REGISTRATION FORM

**ALL REGISTRANTS MUST BE IN KINDERGARTEN THROUGH H.S.**

**REGISTRATION FEE IS \$50 PER CHILD**

**CHECK ONLY (PAYABLE TO MARLBORO REC.)**

☐ NEW PLAYER    ☐ RETURNING PLAYER/ DID CHILD PLAY IN SPRING 08 ( ) YES ( ) NO

### PLAYER INFORMATION

### PLEASE PRINT CLEARLY

LAST NAME \_\_\_\_\_ FIRST NAME(CHILD) \_\_\_\_\_ ( ) MALE ( ) FEMALE

ADDRESS: \_\_\_\_\_  
( ) MARLBORO ( ) MORGANVILLE ( ) ENGLISHTOWN

HOME PHONE \_\_\_\_\_ GRADE SEPT. 08 \_\_\_\_\_ D.O.B. \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

FATHER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOTHER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

### VOLUNTEER SECTION

Please choose at **least one** from among the following (3) choices:

☐ Coach\*\*    ☐ Assistant Coach \*\*Print Name of Coach/ Assistant olunteer \_\_\_\_\_

**\*\*YOUTH SOCCER "F" LICENSE REQUIRED TO COACH OR ASSISTANT COACH 1<sup>ST</sup> GRADE OR OLDER.**

**\*\*RUTGERS S.A.F.E.T.Y. CARD REQUIRED TO COACH OR ASSISTANT COACH KINDERGARTEN.**

☐ I understand that by registering my child to play Recreation soccer this season, I will have committed to volunteer a **MINIMUM OF TWO** hours of time during this season for each of my children playing Recreation soccer. Each team will be assigned various tasks before and during the season. These will include assisting at Picture Day and Field Coordinator duties.

**IF I AM UNABLE TO FULFILL THIS COMMITMENT TO VOLUNTEER, I WILL NOT REGISTER MY CHILDREN.**

\*\*\*\*\*

☐ I am very interested in getting more involved in supporting the program in addition to required volunteer time indicated above.

The following important positions need to be filled: ☐ Referee Assignor ☐ Co-Division Coordinator (each division must have two.)

Please look for a director at registration for more information on these positions or send an email to marlbororecsoccer@yahoo.com

### WAIVER

THE UNDERSIGNED PARTICIPANT OR PARENT, IF UNDER THE AGE OF 18, ASSUMES ALL THE RISKS INVOLVED AND SHALL HOLD HARMLESS THE TOWNSHIP OF MARLBORO, THE RECREATION COMMISSION, AND ITS EMPLOYEES FROM ANY AND ALL LIABILITIES.

### MARLBORO CABLE TELEVISION RELEASE WAIVER

\_\_\_\_ YES, I GIVE MY PERMISSION FOR MYSELF/MY CHILD TO BE VIDEOTAPED FOR MARLBORO TELEVISION.

\_\_\_\_ NO, I DO NOT GIVE MY PERMISSION FOR MYSELF/MY CHILD TO BE VIDEOTAPED FOR MARLBORO TELEVISION.

ADULT SIGNATURE \_\_\_\_\_

CODE OF CONDUCT ON REVERSE SIDE **MUST BE SIGNED** BY CHILD & BOTH PARENTS/GUARDIANS

**REQUEST FOR TEAM PLACEMENT CANNOT BE ACCEPTED!**

**NO REFUNDS AFTER TEAMS ARE FORMED.**